



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. _____

Date Issued: _____

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of: **BOYLSTON**

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____ Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Lighting Outlets	No. of Hot Tubs	Generators	KVA
No. of Lighting Fixtures	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER: _____			

Attach additional detail if desired, or as required by the Inspector of Wires.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify: _____) (Expiration Date) _____

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____ LIC. NO.: A: _____

Licensee: _____ Signature _____ LIC. NO.: E: _____

(If applicable, enter "exempt" in the license number line.)

Address: _____ Zip: _____ Bus. Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature _____ Phone: _____

Insurance on File: _____ Will Fax: _____ Permit Fee: _____ Receipt #: _____ Date: _____

Town of Boylston
Wiring Permit Fee Schedule
Effective July 1, 2005
Make checks payable to the Town of Boylston

RESIDENTIAL

Addition/Renovation (2 inspections).....	\$ 50.00
Alteration (1 inspection).....	\$ 25.00
Non-dwelling new service (eg., detached garage, out-building, etc.).....	\$ 100.00**
Swimming pools.....	\$ 50.00
Temporary service.....	\$ 50.00
Change of service.....	\$ 50.00
New single family.....	\$ 200.00
Multi-family per unit.....	\$ 200.00
New single family over 200 AMP.....	\$ 1.00 per AMP
Security/Fire Alarm.....	\$ 25.00*

***Security/Fire Alarm Systems are not included in any other permit fee**

****Fee effective March 1, 2006**

NON-RESIDENTIAL ALTERATIONS...\$ 75.00

- + \$ **1.00** per switch, outlet, lighting fixture, disconnect, motor and transformer
- + \$ **1.00** per AMP per feeder over 60 AMPS
- + \$ **50.00** per tenant meter added

NON-RESIDENTIAL SERVICE CHANGE

200 AMP or less.....	\$ 100.00
201 Amp-400 AMP.....	\$ 200.00
401 Amp or more.....	\$ 1.00 per AMP
+ \$ 50.00 per tenant meter added	

NEW NON-RESIDENTIAL.....\$ 100.00

- + \$ **1.00** per AMP main service
- + \$ **1.00** per switch, outlet, lighting fixture, disconnect, motor and transformer
- + \$ **50.00** per tenant meter added

RE-INSPECTION FOR FAULTY WORK OR INCOMPLETE WORK

per inspection.....\$ 25.00

Wiring permits may be obtained and dropped off at the following locations:

Town Clerk's Office located at Boylston's Municipal Office Building,
221 Main St., Boylston **Mon-Thurs 8-2 or Municipal Light Department,**
Paul X Tivnan Drive, Boylston **Mon-Fri 8-4**

You can also mail with check enclosed (payable to The Town of Boylston) to the Town Clerk's Office at 221 Main Street, Boylston, MA 01505 to the attention of Sandy Bourassa.

Proof of Insurance is required and may be faxed to the Municipal Office Building
To the attention of Sandy Bourassa at 508-869-6210 or mailed to the address above.

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Temporary service.....	\$ 50.00
Change of service per meter.....	\$ 50.00
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